

<b>TRAVEL VOUCHER OR SUBVOUCHER</b>				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. <b>PRESS HARD. DO NOT</b> use pencil. If more space is needed, continue in remarks.			
<b>1. PAYMENT</b>		<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car, unless you elect a different option:					
<input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check		<input type="checkbox"/> a. Pay the entire reimbursement directly to me.		<input type="checkbox"/> b. Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:		\$	
<b>2. NAME</b> (Last, First, Middle Initial) (Print or type)				<b>3. GRADE</b>		<b>4. SSN</b>	
<b>6. ADDRESS</b> a. NUMBER AND STREET				b. CITY		c. STATE d. ZIP CODE	
e. E-MAIL ADDRESS						<b>5. TYPE OF PAYMENT</b> (X as applicable) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> TDY  <input type="checkbox"/> PCS  <input type="checkbox"/> Dependent(s) </div> <div> <input type="checkbox"/> Member/Employee  <input type="checkbox"/> Other  <input type="checkbox"/> DLA </div> </div>	
<b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> <b>8. TRAVEL ORDER NUMBER</b> <b>11. ORGANIZATION AND STATION</b>						<b>10. FOR D.O. USE ONLY</b> a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY	
<b>12. DEPENDENT(S)</b> (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE						<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS</b> (Include Zip Code)	
<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</b> (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)						d. COMPUTATIONS	
<b>15. ITINERARY</b> a. DATE b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)				c. MEANS/MODE OF TRAVEL d. REASON FOR STOP e. LODGING COST f. POC MILES		e. SUMMARY OF PAYMENT (1) Per Diem (2) Actual Expense Allowance (3) Mileage (4) Dependent Travel (5) DLA (6) Reimbursable Expenses (7) Total (8) Less Advance (9) Amount Owed (10) Amount Due	
<b>16. POC TRAVEL</b> (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				<b>17. DURATION OF TDY TRAVEL</b> 12 HOURS OR LESS MORE THAN 12 HOURS BUT 24 HOURS OR LESS MORE THAN 24 HOURS			
<b>18. REIMBURSABLE EXPENSES</b> a. DATE b. NATURE OF EXPENSE c. AMOUNT d. ALLOWED				<b>19. GOVERNMENT/DEDUCTIBLE MEALS</b> a. DATE b. NO. OF MEALS a. DATE b. NO. OF MEALS			
<b>20.a. CLAIMANT SIGNATURE</b>				b. DATE		<b>c. SUPERVISOR SIGNATURE</b>	
<b>21.a. APPROVING OFFICER SIGNATURE</b>						b. DATE	
<b>22. ACCOUNTING CLASSIFICATION</b>							
<b>23. COLLECTION DATA</b>							
<b>24. COMPUTED BY</b>		<b>25. AUDITED BY</b>		<b>26. TRAVEL ORDER POSTED BY</b>		<b>27. RECEIVED</b> (Payee Signature and Date or Check No.)	
<b>28. AMOUNT PAID</b>							

## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

**PRINCIPAL PURPOSE(S):** This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

**ROUTINE USE(S):** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

**DISCLOSURE:** Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

## PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

## INSTRUCTIONS

### ITEM 1 - PAYMENT

If you do not elect one of the options in Item 1, the Paying Office will forward directly to the Government Travel Charge Card contractor the portion of your reimbursement representing travel card charges for transportation, lodging, and rental car. If you check box a., the entire reimbursement payment will be made to you and you will be responsible for paying the Government Travel Charge Card contractor any amount you may owe. If you check box b., fill in the amount of the reimbursement you want the Paying Office to pay directly to the Government Travel Charge Card contractor; the remainder of the reimbursement (if any) will be sent to your EFT account.

### REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

### ITEM 15 - ITINERARY - SYMBOLS

#### 15c. MEANS/MODE OF TRAVEL *(Use two letters)*

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
<i>(Own expense)</i>	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance <i>(POC)</i>	- P	Vessel	- V

#### 15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

#### ITEM 15e. LODGING COST

Enter the total cost for lodging.

### ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (*see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals*). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

## 29. REMARKS

**EMPLOYEES: INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN ONE-HALF OF PRESCRIBED DAILY WORKING HOURS**

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**UNIFORMED MEMBERS: INDICATE DATES ON WHICH LEAVE WAS TAKEN**

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